

2009

TITAN HS Basketball Camp

(at the Poway High School Gymnasium)

Grades	Dates	Times	Price
9 th	June 15 th – 18 th	8am – 10am	\$150 – 1 Session
	June 22 nd – 25 th	Noon – 2pm	\$250 – Both Sessions
10 th	May 18,20,21	7pm-9pm	\$150 – 1 Session
	May 23	9am-11am	
	June 15 th – 18 th	8am – 10am	\$300 – Both Sessions
11 th -12 th	May 18,20,21,	7pm-9pm	\$300
	May 23	9am-11am	
	June 15 th – 18 th	10am - noon	

(Those athletes wanting to participate in the varsity camp must sign up for both sessions)

(Grade level based upon the 2009-2010 school year.)

Camp includes expert instruction from Poway High School Coaching Staff, fundamental skill work, games and prizes, and official Poway Boys' Basketball T-Shirt.

(Only 1 shirt per camper)

Participation in both sessions of camp also qualifies each camper to participate in all other summer activities. i.e. summer leagues and team camps at various local universities.

*No player will be turned away due to financial reasons. Scholarships are available by inquiring with Coach Little.

Make Checks Payable to: Poway Boys' Basketball

Mail to:

Coach Aaron Little
c/o Poway High School
15500 Espola Rd.
Poway, CA 92064

Questions: Email Coach Aaron Little at alittle@powayusd.com

2009 Titan Basketball Camp

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Grade (as of Fall 2009): _____ DOB: _____ T-Shirt Size: S M L XL XXL
(Circle one, all shirts are adult sizes)

My player will be attending: Session 1 _____ Session 2 _____ Both _____
(Freshmen and JV ONLY) (Please indicate)

Father's Name: _____ Email Address: _____

Work #: _____ Mobile #: _____

Mother's Name: _____ Email Address: _____

Work #: _____ Mobile #: _____

List any medical problems or prohibitions the player has: _____

Person to notify in emergency: _____ Phone #: _____

Doctor to notify in emergency: _____ Phone #: _____

IMPORTANT – I, the undersigned parent/guardian of this registrant, a minor, agree that the registrant and I will abide by the rules of Poway High School, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for Poway High School accepting the registrant for its basketball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Poway High School, its affiliated organizations and sponsors, their employees and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR) – As the parent or legal guardian of the above named player, I hereby give my consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Name (Please Print): _____ Signature: _____